A- Family Assessment and planning Instrument

This is an assessment and planning instrument to help you organize your data. It is not to be taken into a home as an interviewing instrument.

I- Family Role-Relationship pattern:

* Initial of family surname:

* Persons living in the household:

<table>
<thead>
<tr>
<th>Give Name only</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>Relationship to head of household</th>
<th>occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Identify primary caregiver
* Members of family not living in household
* Significant others
* Pets
* Occupational history of each adult member (past/present).
* Job identification
* Exposure to health hazards

* Family Dynamics

<table>
<thead>
<tr>
<th>Member</th>
<th>Role</th>
<th>Primary function</th>
<th>Interactions with other members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Communication patterns:

* Expression of feelings (happiness, sadness, fear, anger):
  * Verbal and nonverbal.
* How are messages transmitted?
**Social relations:** Who do the family members interact with outside the immediate family, and what community activities do they participate in?

* Extended family ------------ * Neighbors ------------
* Friends ------------ * Mosques * Clubs *

Community Activities (list) ____________________________________________

**Income:**

* Family Income --------------- (week, month, year) ---------------
* Source: Salary -------------- saving -------------- Investments ---------------

* Other ______________________

* Contributions of working members ______________________________________

* Member ------------------ Amount (J.D. $ SH) ------------------ (week month year) ______________________________

* Are expenses greater, less than, or equal to income:______________________

* Who plans how the money is spent?

---

**II- Family cognitive / perception pattern**

* Education level: what is the highest grade completed?

Adults: ---------------------- Children: ----------------------

* Members of the family with learning or developmental disabilities?

**Decision Making:** Who makes decisions? Give examples.

---

**III- Family self perception-Self concept pattern**

* Family’s perception of their ability to maintain their family unit ------------------
* Family’s pride in their home: ______________________________________________

**Family Residence:**

* Type: Single ---------------- Multifamily ----------------- own ------------------

Rent _________________________

* Describe condition of the home inside and outside: __________________________
* Number of rooms ----------------- space adequate ------------------

Space inadequate ----------------- furniture adequate ------------------

inadequate ------------------

* Accident hazards: *

**Neighborhood:**

* Residential ---------------- Industrial ---------------- Rural ------------------

- Urban ------------------ Suburban ---------------- other ------------------
* Conditions of dwellings and streets:
  * Accessibility of:
    Yes -------------------  No -------------------  Play areas.
    Yes -------------------  No -------------------  Health facilities (List) -------------------
    Yes -------------------  No -------------------  Mosques, churches.
    Yes -------------------  No -------------------  Schools
  * Public transportation? type?

* Family’s method of transportation:
* Neighborhood health hazards:
* Family’s perception of safety in the neighborhood?

### IV- Family Nutritional-Metabolic pattern:
* Observations about kitchen and mealtimes:
  * Who does the grocery shopping?

  * Who does the cooking?

  * Therapeutic diets:

    * Observations of family members of a nutritional 24-hours family food fluid intake.
      Breakfast:
      Lunch:
      Dinner:
      Snacks:
    * Analyze if diet provides required nutrient?

    * How is food stored?

    * Water supply: Municipal -------------------  Well -------------------  other-------------------

  -
V - Family elimination pattern:
* Compliance with garbage regulations? Yes ---------- No ------------ if no. explain
  Rodents? Yes ------------- No -----------------
  Insects? Yes ------------ No ------------------
* Toilet facilities: City ---------------------- Septic ------------------

VI - Family Activity - Exercise pattern:
* Adults leisure: ------------------ Children leisure ------------------
* Shared family activities ------------------
* Type of activity required for family roles ------------------
* Adults : ------------------ Children ------------------
* Describe pace of family life: Fast ------------------ Moderate ------------- Slow
  : ------------------

VIII - Family Sleep-Rest Patterns:
* Which family members sleep alone?

* What type of bed does each have?

* What are the usual hours of sleep?

* Bedtime, arising, rest periods for adults and children?

* Are there any disturbances in family sleep patterns?

VIII - Family sexuality-Reproductive pattern:
* Sexual relationship
* Family planning
* Sex education of children
IX- Family value Belife pattern:
* Ethnic background ------------------------- Influence on health behavior.
* Religious affiliation --------------------- degree of family involvement-------
  Influence on health behavior:
  * Family’s definition of health:
  * Health beliefs and attitudes:
    * Folk medicine:
  * Use of non-traditional healing methods:
  * Acceptance non acceptance of help from community agencies?

X- Family coping stress tolerance pattern:
* How has the family managed in previous situations of illness or crisis?
* Own resources ---------------- extended family ---------------------------
* Other relatives ---------------- friends ----------------- neighbors---------
* Significant other ---------------------- health professional -----------------
  * Other -----------------------------
* Caregiver’s perception of their ability to deal with crisis: ------------
* Client’s perception of caregiver’s / family’s ability to deal with demands of care:

XI- Family health perception health management pattern:
* Reason for visit:
  * Family’s perception of their level of health:
  * Medical diagnosis of each family member:
    * Familiar diseases (heart, cancer, stroke, anemia, etc.).
  * History of past significant illnesses and accidents of each family member:
    * Risk factors (tobacco, alcohol, obesity, lack of exercise):

  Family health practice:
  * Immunization status of each family member:
  * Self exams (breast, testicular, etc.)
  * Preventive exams (dental, colon/rectal)
  * Names of physicians/date of last appointment and next scheduled appointment for each family member:
    * Medication : Is any family member taking any medication ?
      Yes -------No ---------
  * If yes (including over the counter drugs)
    * Name of drug ---------------------------- How often taken -----------------
    * Drug action ---------------- side effects -----------------------------
    * Date of prescription ---------------------- number of refills -------------
    * Physician ------------------ pharmacist -----------------------------
    * Treatment prescribed for family members: ---------------------------
  * Level of compliance with prescribed medications and treatment:
Financing health care:
* Health insurance ------------------ private insurance ---------------
* Own finances ----------------------

XII- Family members:
* Vital signs: ------------------------ health pattern review : ---------
* Physical assessment of primary patient: -------------------------------
General appearance ------------------ weight and height ---------------
Eyes (appearance, drainage). Pupils (size, equal, reactive to light) Vision (glasses)

Mouth : -------------------------------
Mucous membrane (color, moisture, lesions)
Teeth (condition, loose, broken, dentures)
Hearing (hearing aids)
Pulses (radial, apical, peripheral) Rate, rhythm, volume
Respiration’s rate, quality, breath sounds (upper and lower lobes)
BP, temperature, skin (color, temp, lesions edema)
* Functional ability (mobility and safety)
  Dominant hand
  Use of right and left hands, arms, legs:
  * Strength, grasp. Range of motion:
  * Gait use of aids (wheelchair, braces, walker):
  * Weight ---- hearing (full, partial, none):
    * Mental status:
  * Orientation (time, place, person, events):
* Memory -------------------------- Affect ------------------ Eye contact.

XIII- Family care plan:
* What does the family perceive as their strengths?

  * What does the family perceive as their health concerns?

  * List family nursing diagnosis:
    rite client behavioral outcomes. Identify those outcome that client/family are in agreement:

  * How will the family manage between visits of the CHN?

XIV- Progress summary (evaluation of family care plan)